



Summer Village of Gull Lake  
Site 2, Box 5, RR #1  
Lacombe, AB T4L 2N1  
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Demolition Application No. \_\_\_\_\_

DEMOLITION PERMIT APPLICATION

Applicant: \_\_\_\_\_  
(if not registered Owner(s))  
Registered Owner(s) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Civic Address: \_\_\_\_\_

On Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_

Demolition: \_\_\_\_\_

How will the operation be carried out so as to create a minimum of dust or other nuisance?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How and where will the demolished material be disposed of?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Start Date: \_\_\_\_\_

Completion Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

\_\_\_\_\_  
Registered Owner(s) Signature(s)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date